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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3,73(b). | | | | | | | | |
|---|----------------------------|---------|------------------------|------|------------------------|--|--|--|
| | eby appoint: | | | | | | | |
| Practitioners associated with the Customer Number: | | 0065589 | 0065589 | | | | | |
| OR Practitioner(s) named below (if more than ten patient practitioners are to be named, then a customer number must be used): | | | | | | | | |
| 1 | Name | | Registration Number | Name | Registration Number | | | |
| | | | | | | | | |
| | | | 3 | | | | | |
| | | | 3 | | | | | |
| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any end all petent applications assigned only to the undersigned according to the USPTO assignment records or essignment documents attached to this form in accordance with 37 OFR 3.73(b). | | | | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | | | | |
| The address associated with Customer Number: OR | | | | | | | | |
| | Firm or Individual Name | | | | | | | |
| Address | | | | | | | | |
| City | | | State | *** | Zip | | | |
| Count | try | | | | L' | | | |
| Telephone | | | Email | | | | | |
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| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of | | | | | | | | |

the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

> SIGNATURE of Assignee of Record The individual whose cionetu

| The find vidual whose signature and title is supplied below is authorized to act on benalt of the assignee | | | | | | | |
|--|-----------------|------------------------|-----|--------|--|--|--|
| Signature | Coto | Date | DEC | 2006 | | | |
| Name | Carol Feathers | Telephone 441-298-3580 | | | | | |
| Title | General Manager | | | 0 0000 | | | |

Title General Manager

This collection of Intermistion is required to 93 FGR 1.31. 1.32 and 1.33. The information is required to obtain or release a benefit by the public which is to file good by the USPT to processly on application. Confidentiality is governed by 30 U.S.C. 122 and 37 FGR 1.11 and 1.14. This confiction is estimated to lake 3 minutes of the 10 minutes of